

LOCAL TELEPHONE COMPANY

ANNUAL REPORT

OF THE



NAME

Comcast Phone of Arkansas, LLC

(Here show in full the exact corporate, firm or individual name of the respondent)

LOCATED AT

200 Cresson Boulevard, Phoenixville, PA 19460

(Here give the location, including street and number of the respondent's main business office within the State)

COMPANY#

2404

(Here give the APSC-assigned company number)

TO THE

ARKANSAS PUBLIC SERVICE COMMISSION



COVERING ALL OPERATIONS

FOR THE YEAR ENDING DECEMBER 31, 2020

LETTER OF TRANSMITTAL

Arkansas Public Service Commission

To:

Little Rock, Arka	ansas 72203-0400	
of Cresson Boulevard, F (Location accordance with Section	e annual report covering the operation of Comcast Phone of Arkansas, LLC (Company) Phoenixville, PA 15 for the year ending December 31, 2020. This report is submitted on) 151 of Act 324 of the 1935 Acts of Arkansas. been carefully examined by me, and I have executed the verification given below.	
	(Signature)	
	Senior Director (Title)	
	VERIFICATION	
STATE OF COUNTY OF)) ss.	
I, the undersigned,	Jim Gray, Senior Director of the (Name and Title)	
Comcast Phone of A	Arkansas, LLC, on my oath do say that the following report has	
carefully examined the sand affairs of said utility knowledge, information, gross revenues, and that	y direction from the original books, papers, and records of said utility: that I have same, and declare the same a complete and correct statement of the business in respect to each and every matter and thing set forth, to the best of my and belief; and I further say that no deductions were made before stating the at accounts and figures contained in the foregoing statements embrace all of the r the period in this report.	
Subscribed and sworn to day of	ch	

Commission number 1293095

Member, Pennsylvania Association of Notaries

Commonwealth of Pennsylvania - Notary Seal Deborah A. Grillo, Notary Public Montgomery County My commission expires September 9, 2023

GENERAL INSTRUCTIONS, DEFINITIONS, ETC.

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1	Two (2) copies of this report, properly filled out and verified shall be filed with the Utility Division of the Arkansas Public Service Commission, Little Rock, Arkansas, on or before the 31st day of March following the close of the calendar year for which the report is made.
2	The word "respondent" in the following inquiries means the person, firm, association or company in whose behalf the report is made.
3	If any schedule does not apply to the respondent, such fact should be shown on the schedule by the words "not applicable."
4	Except in cases where they are especially authorized, cancellations, arbitrary check marks, and the like must not be used either as partial or entire answers to inquiries.
5	Reports should be made out by means which result in a permanent record. The copy in all cases shall be made out in permanent black ink or with permanent black typewriter ribbon. Entries of a contrary or opposite character (such as decreases reported in a column providing for both increases and decreases) should be shown in red ink or enclosed in parentheses.
6	This report will be scanned in. Please bind with clips only.
7	Answers to inquiries contained in the following forms must be complete. No answer will be accepted as satisfactory which attempts by reference to any paper, document, or return of previous years or other reports, other than the present report, to make the paper or document or portion thereof thus referred to a part of the answer without setting it out. Each report must be complete within itself.
8	In cases where the schedules provided in this report do not contain sufficient space or the information called for, or if it is otherwise necessary or desirable, additional statements or schedules may be inserted for the purpose of further explanation of accounts or schedules. They should be legibly made on paper of durable quality and should conform with this form in size of page and width of margin. This also applies to all special or unusual entries not provided for in this form. Where information called for herein is not given, state fully the reason for its omission.
9	Schedules supporting the revenue accounts and furnishing statistics should be so arranged as to effect a division in the operations as to those inside and outside the state.
10	Answers to all inquiries may be in even dollar figures, with cents omitted and with agreeing totals.
11	Each respondent should make its report in duplicate, retaining one copy for its files for reference, in case correspondence with regard to such report becomes necessary. For this reason, several copies of the accompanying forms are sent to each utility company concerned.

Give the name, title, office address, telephone number and e-mail address of the person to whom any correspondence concerning this report should be addressed:					
Name _	James G. Gray	Title	Senior Director of Regulatory Accounting		
Address	200 Cresson Boulevard, Phoenixvill	e, PA	19460		
Telephoi	ne Number 610-665-2536		-		
E-Mail	jim_gray2@cable.comcast.com		-		
Give the r	name, address, telephone number an	d e-m	ail address of the resident agent:		
Name _	Comcast Capital Corporation	Tele	phone Number <u>302-658-2376</u>		
Address	1201 Market Street, Suite 1000, Wiln	ningto	on, DE 19801		
E-Mail	N/A		-		

IDENTITY OF RESPONDENT

1.	Give the exact name by which respondent was known in law at the close of the year. Use the initial word "The" only when it is part of the name:
	Comcast Phone of Arkansas, LLC
2.	Give the location (including street and number) of (a) the main Arkansas business office of respondent at the close of the year, and (b) if respondent is a foreign corporation, the main business office if not in this state:
	(a) 2714 S Shackelford, Little Rock, AR (b) N/A
3.	Indicate by an \mathbf{x} in the proper space (a) the type of service rendered, and (b) the type of organization under which respondent was operating at the end of the year.
	(a) () Electric, () Gas, () Water, (X) Telephone, () Other
	(b) () Proprietorship, () Partnership, () Joint Stock Association, () Corporation, () Other (describe below):
4.	If respondent is not a corporation, give (a) date of organization, and (b) name of the proprietor or the names of all partners, and the extent of their respective interest at the close of the year.
	(a) Limited Liability Company, Organized under the laws of Delaware on January 26, 2005
	(b) Comcast Phone of Arkansas, LLC is a direct and wholly owned subsidiary of Comcast Phone II, LLC which is a direct and wholly owned subsidiary of Comcast Cable Communications Holdings, Inc. Comcast Corporation is the parent company of Comcast Cable Communications Holdings, Inc.
5.	If a corporation, indicate (a) in which state respondent is incorporated, (b) date of incorporation, and (c) designation of the general law under which respondent was incorporated, or, if under special charter, the date of passage of the act:
	(a) N/A
	(b)
	(c)
6.	State whether or not respondent during the year conducted any part of its business within the State of Arkansas under a name or names other than that shown in response to inquiry No. 1 above, and, if so, give full particulars:
	N/A

7.	for e	we whether respondent is a consolidated or merged company. If so, (a) give date and authority each consolidation or merger, (b) name all constituent and merged companies, and (c) give like iculars as required of the respondent in inquiry No. 5 above:	
	(a)	N/A	
	(b)		
	(c)		
8.	(b) o	te whether respondent is a reorganized company. If so, give (a) name of original corporation, date of reorganization, (c) reference to the laws under which it was reorganized and (d) state occasion of the reorganization, whether because of foreclosure of mortgage or otherwise, ng full particulars.	
	(a)	N/A	
	(b)		
	(c)		
	(d)		
9.		s respondent subject to a receivership or other trust at any time during the year? o, state:	NO
	(a)	Name of receiver or trustee:	
	(b)	Name of beneficiary or beneficiaries for whom trust was maintained:	
	(c)	Purpose of the trust:	
	(d)	Give (1) date of creation of receivership or other trust, and (2) date of acquisition of respondent: (1) (2)	
10.		the respondent act in any of the capacities listed in Paragraph (a) below during the tyear?NO If so,	
	(a)	Indicate the applicable one by an X in the proper space:	
		() Guarantor, () Surety, () Principalobligor to a surety contract,() Principalobligor to a guaranty contract.	
	(b)	Insert a statement showing the character, extent, and terms of the primary agreement or obligation, including (1) names of all parties involved, (2) extent of liability of respondent, whether contingent or actual, (3) extent of liabilities of the other parties, whether contingent or actual, and (4) security taken or offered by respondent.	

DIRECTORS

Give the name and office addresses of all directors at the close of the year, and dates of beginning and expiration of terms. Chairman (*) and Secretary (**) marked by asterisks.

Name of Director	Office Address	Date of Term		
Name of Director		Beginning	End	
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PRINCIPAL OFFICERS AND KEY MANAGEMENT PERSONNEL

Give the title of the principal officers, managers and key personnel, the names and office addresses of persons holding such positions at the close of the year.

Title	Name of person holding office at close of year	Office Address			
Steven Croney	Executive V.P. and CFO Comcast Ca	One Comcast Center Philadelphia, PA 19103			
Ernest A. Pighini	Senior Vice President, Controller	One Comcast Center Philadelphia, PA 19103			
Brian Rankin	V.P., Senior Deputy General Counsel	One Comcast Center Philadelphia, PA 19103			
Kristine A. Dankenbrink	Executive Vice President - Taxation	One Comcast Center Philadelphia, PA 19103			
Mitch Rose	Executive Vice President - Federal	One Comcast Center Philadelphia, PA 19103			
	Governmental Affairs Legal				
	1				

GROSS ASSESSABLE REVENUES		
Description		
ARKANSAS GROSS ASSESSABLE REVENUES (excluding Interstate Tolls)	\$10,031,166	

LOCAL EXCHANGE SERVICE STATISTICS

ACCESS LINES	ARKANSAS
Residence	
Business	
Dusiness	
TOTAL RESIDENTIAL & BUSINESS ACCESS LINES	*N/A
PBX Access Lines	
Coin or Credit Card Paystation Access Lines	
Company Official Access Lines (Numbers)	
TOTAL ACCESS LINES	*N/A

STATEMENT OF ACCURACY

I do hereby state that the amounts contained in this report are true and accurate, schedules have been cross-referenced by use of the attached check list, and that the accuracy of all totals has been verified by me or under my supervision. Should I or anyone under my supervision become aware of any error in or omission from this report, I will take steps to notify the Arkansas Public Service Commission of such error or omission and provide corrected schedules as soon as possible.

Senior/Director

COMPANY CONTACTS

Company Information				
Company Name	Company Name Comcast Phone of Arkansas, LLC			
dba				
Official Mailing Address				
Mailing Address for APSC Annual Assessment Invoice	200 Cresson Boulevard, Phoenixville PA 19460			

AREA	PERSON TO CONTACT	PHONE #	FAX#	E-MAIL
Annual Report	James G Gray	610-665-2536	610-665-2753	jim_gray2@cable.comcast.com
APSC Annual Assessment	James G Gray	610-665-2536	610-665-2753	jim_gray2@cable.comcast.com
Tariffs	David Lloyd	303-658-7211	720-267-3295	david_lloyd@cable.comcast.com
Property Taxes	Pamela Willmoth	215-286-3542	215-286-1048	pamela_willmoth@comcast.com
Regulatory Affairs	Ronnie Colvin	601- 586-2164		Ronnie Colvin@cable.comcast.com

Please list the number of utility employees located in Arkansas N/A



March 09, 2021

VIA UPS 2nd DAY AIR

Arkansas Public Service Commission 1000 Center Street Little Rock, AR 72201

Re:

Annual Report for Competitive Local Exchange Carriers

Comcast Phone of Arkansas, LLC

Dear Sir or Madam,

Comcast Phone of Arkansas, LLC respectfully submits Annual Report for Competitive Local Exchange Carriers for the calendar year 2020.

If there should be any questions please contact the undersigned at (610) 665-2536.

Respectfully submitted,

James & Dray

James G. Gray Senior Director of Regulatory Accounting

Enclosure